

## Food Establishment Inspection Report

Page 1 of 2

Establishment Name: <b>WNMC Main</b>	Address: <b>2 mi. N. Lobo Canyon</b>	City: <b>Goats</b>	State: <b>NM</b>	Zip Code: <b>87020</b>	Phone:
Permit #: <b>006115</b>	Email:	Est. Type: <b>I</b>	Risk Category: <b>3</b>		
As Governed by State Regulation 7.6.2 NMAC NMED Environmental Health Bureau 121 Tijeras Ave. NE, Albuquerque NM 87102		Purpose of Inspection: <input type="checkbox"/> Pre-Opening <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Complaint <input type="checkbox"/> Closing <input type="checkbox"/> Opening <input type="checkbox"/> Follow-up <input type="checkbox"/> Investigation <input type="checkbox"/> CAR		Permit Expiration Date: Time In: <b>9:15</b> Time Out:	

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item				Mark "X" in appropriate box for COS and/or R	
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable				COS=corrected on-site during inspection R=repeat violation	
<b>Supervision</b>					
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties		
2	IN	OUT	Certified Food Protection Manager		
<b>Employee Health</b>					
3	IN	OUT	Management, food employee and conditional employee, knowledge, responsibilities and reporting		
4	IN	OUT	Proper use of restriction & exclusion		
5	IN	OUT	Procedures for responding to vomiting and diarrheal events		
<b>Food Handler Cards</b>					
6	IN	OUT	Food Handler Cards		
<b>Good Hygienic Practices</b>					
7	IN	OUT	Proper eating, tasting, drinking, or tobacco use		
8	IN	OUT	No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>					
9	IN	OUT	Hands clean & properly washed		
10	IN	OUT	No bare hand contact with RTE foods or pre-approved alternative procedure properly followed		
11	IN	OUT	Adequate handwashing sinks, supplied & accessible		
<b>Approved Source</b>					
12	IN	OUT	Food obtained from approved source		
13	IN	OUT	Food received at proper temperature		
14	IN	OUT	Food in good condition, safe, & unadulterated		
15	IN	OUT	Required records available: shellstock tags, parasite destruction		
<b>Protection from Contamination</b>					
16	IN	OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		
17	IN	OUT	Food-contact surfaces: cleaned & sanitized		
18	IN	OUT	Food separated & protected		
<b>Time/Temperature Control for Safety</b>					
19	IN	OUT	Proper cooking time & temperatures		
20	IN	OUT	Proper reheating procedures for hot holding		
21	IN	OUT	Proper cooling time & temperature		
22	IN	OUT	Proper hot holding temperatures		
23	IN	OUT	Proper cold holding temperatures		
24	IN	OUT	Proper date marking & disposition		
25	IN	OUT	Time as a Public Health Control: procedures & records		
<b>Consumer Advisory</b>					
26	IN	OUT	Consumer advisory provided for raw/undercooked foods		
<b>Highly-Susceptible Populations</b>					
27	IN	OUT	Pasteurized foods used; prohibited foods not offered		
<b>Food/Color/Additives and Toxic Substances</b>					
28	IN	OUT	Food additives: approved & properly used		
29	IN	OUT	Toxic substances properly identified, stored, & used		
<b>Conformance with Approved Procedures</b>					
30	IN	OUT	Compliance with variance / specialized process / HACCP		

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

No. of Risk Factors / Intervention Violations

8

No. of Repeat Risk Factors / Intervention Violations

8

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R=repeat violation

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods				Mark "X" in appropriate box for COS and/or R	
Mark "X" in box if numbered item is not in compliance				COS=corrected on-site during inspection R=repeat violation	
<b>Safe Food and Water</b>					
31			Pasteurized eggs used where required		
32			Water & ice from approved source		
33			Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>					
34			Proper cooling methods used; adequate equipment for temperature control		
35			Plant food properly cooked for hot holding		
36			Approved thawing methods used		
37			Thermometers provided & accurate		
<b>Food Identification</b>					
38			Food properly labeled, original container		
<b>Prevention of Food Contamination</b>					
39	X		Insects, rodents, & animals not present		
40			Contamination prevented during food preparation, storage & display		
41			Personal cleanliness		
42			Wiping cloths properly used & stored		
43			Washing fruits & vegetables		
<b>Proper Use of Utensils</b>					
44			In-use utensils: properly stored		
45			Utensils, equipment & linens: properly stored, dried, & handled		
46			Single-use/single-service articles: properly stored & used		
47			Gloves used properly		
<b>Utensils, Equipment and Vending</b>					
48			Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
49			Warewashing facilities: installed, maintained, & used; test strips		
50			Non-food contact surfaces clean		
<b>Physical Facilities</b>					
51			Hot & cold water available; adequate pressure		
52			Plumbing installed; proper backflow devices		
53			Sewage & waste water properly disposed		
54			Toilet facilities: properly constructed, supplied, & cleaned		
55			Garbage & refuse properly disposed, facilities maintained		
56	X		Physical facilities installed, maintained, & clean		
57			Adequate ventilation & lighting; designated areas used		

Status: (check one)

Approved ☒Unsatisfactory ☐Immediate Closure ☐Voluntary Closure ☐

No. of Good Retail Practices Violations

2

No. of Repeat Good Retail Practices Violations

Person in Charge (Signature)

Inspector (Signature)

Date:

1/10/18

Follow-up:

Corrective Action Response:

YES

NO

Date:

YES

NO

Date:

1/31/18

# Food Establishment Inspection Report

Page 2 of 2

**As Governed by State Regulation 7.6.2 NMAC  
NMED Environment Health Bureau  
121 Tijeras Ave NE, Albuquerque NM 87102**

Establishment Name:

WNC Max

Permit #:

000115

Date:

1/10/18

**Address:**

2 mi. N. Lobo Canyon

City:

Grants

State:

nn

Zip Code:

ip Code:  
87020

Phone:

## TEMPERATURE OBSERVATIONS

[illegible]

### OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in section 8-405.11 of the Food Code.

[illegible]

Person in Charge (Signature) \_\_\_\_\_

*[Handwritten signature]*

Inspector (Signature)

Date:

1/10/18